TOWN OF EAST HAMPTON ARCHITECTURAL REVIEW BOARD

HISTORIC DISTRICT AND LANDMARKS APPROVAL APPLICATION



Please consult the guidelines for the historic district or landmark. The guidelines are in the Appendix of the Zoning chapter of the Code of the Town of East Hampton. Copies of guidelines may also be obtained from the Building Department. Do not use this application if any other Architectural Review Board Application can be applied to your proposed work. If a different application does apply, use only that application and not the historic district or landmark in the entry for "Zoning." This application must be fully completed and submitted to the Architectural Review Board, along with the following information:

- 1. Fees: An application fee in the form of certified check, money order or Attorney's check made payable to the Town of East Hampton must be submitted in accordance with the fee schedule below. Fees are entirely nonrefundable once review of the particular application has commenced.
- \$ 200 for new residence, new accessory structure or proposed changes to an existing building
- \$ 350 for work that has commenced prior to obtaining proper approval
- 2. Two (2) copies (original plus 1 copy) of the completed application form
- 3. Two (2) copies of a CURRENT scaled survey and site plan prepared by a licensed surveyor, accurately showing the location(s) of
 - Proposed improvement drawn to scale
 - All existing structure(s) on the property
 - · Proposed landscaping
- 4. Two (2) copies of complete working drawings, including floor plans and elevations drawn to scale; ¼" = 1' 0" and drawn details of architectural components to be replicated. Note: <u>include on the plans a description of all exterior materials and color.</u> These include roofing, millwork, doors, railings, masonry, etc.

I. APPLICANT INFORMATION

Applicant or Applicant's Agent is required to attend Architectural Review Board meeting for review of application

Deadline for submission of Application is the first and third Thursday by Noon

A.	Property Owner:Address:					
	Telephone	Telephone Facsimile:				
B.	Applicant (if	f other than property owner):				
	Address:					
	Telephone	Facsimile:				
C.	Agent:					
	Address:					
	Telephone:	Facsimile:				
D.	Applicant is	the (check one) [] Property Owner [] Other:				
E.	CORRESPO	NDENCE TO BE SENT TO: (check one) []A []B []C				
NO		tion subject to Site Plan Review? (check one) [] Yes [] No I meets the second & fourth Thursday of every month at 6:00 pm in the Court Room at 159 Pantigo ton, NY 11937				
	, 1	II. PROPERTY IDENTIFICATION AND LOCATION				
A.	Street, House	Number & Hamlet:				
B.	Suffolk County	y Tax Map Number: 300				
C.	Zoning Distric	t (circle one): B A A2 A3 A5 MF Other:				
		III. PROJECT INFORMATION				
[]	New Residenc	e [] Addition to Residence [] New Accessory Structure [] Exterior Change to Existing Building				
De	scription of pro	oposed improvements or changes:				

1. 2.		Dimensions	No. of Stories	Total Sq. Ft.	
attest that th		on is complete and accurate	to the best of my knowled	ge.	
	nereby authorize th cation for ARB app	e Architectural Review Boa proval.	ard to enter the subject pa	rcel to review the	
Signature:			Date:		

List each structure or activity proposed including dimensions, number of stories and square footage:

Revised July 14, 2015